



# Town of Fenwick Island

Fenwick Island Police Department  
800 Coastal Highway  
Fenwick island, DE 19944  
302-539-2000 – 302-539-2519 (fax)



## Employment Application (please print in black ink or type)

Applicants for all positions are considered without regard to race, color, sex, national origin, age, marital status, or the presence of disabilities. The Town of Fenwick Island is an Equal Opportunity Employer.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Applied For: \_\_\_\_\_

Date you can begin work: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number/Street City State Zip

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home #: ( ) \_\_\_\_-\_\_\_\_ Work #: ( ) \_\_\_\_-\_\_\_\_ Cell #: ( ) \_\_\_\_-\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

## EDUCATION INFORMATION

Circle Highest Grade Completed:

High School College Graduate  
9 10 11 12 1 2 3 4 1 2 3 4

Do you have a high school equivalency certificate of G.E.D.  
certificate? Yes ☐ No ☐

	School Name and Location	Dates Attended From / To	Date Graduated	Degrees Awarded (BA, MS, PhD) Major/Minor	Credit Hours Earned
High School or G.E.D.					
College or University					
Graduate School					
Other Education (Trade or Business)					
Are you taking courses now? Yes <input type="checkbox"/> No <input type="checkbox"/>		School Name and Location:		Course(s):	
Language(s) other than English: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>					

List technical/professional licenses or certificates of training:

List office machines, factory equipment, vehicles, and other machinery that you can operate:

## **MILITARY STATUS**

Have you served in the United States Armed Forces? Yes ☐ No ☐ Honorable Discharge: Yes ☐ No ☐ N/A ☐

Branch: \_\_\_\_\_ Dates (From – To) \_\_\_\_\_

Veteran of the United States Armed Forces: Yes ☐ No ☐ If Yes, Branch: \_\_\_\_\_

While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or by Summary, Special or General Court Martial? Yes ☐ No ☐ If Yes (using a separate sheet to record this information) give date, place, law enforcing authority or type of court or court martial, charge, and action taken for each incident.

Are you presently a member of the U.S. Reserve or National or State Guard organization? Yes ☐ No ☐

If Yes, complete the following:

Grade and Service No. \_\_\_\_\_ Service and Component: \_\_\_\_\_

Organization & Station or Unit & Location: \_\_\_\_\_

Active, Inactive, Standby: \_\_\_\_\_

Indicate Reserve Obligation, if any: \_\_\_\_\_

## **GENERAL BACKGROUND INFORMATION**

Do you have any pending charges against you? Yes ☐ No ☐ If Yes, charges: \_\_\_\_\_

Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐

If Yes, give details: \_\_\_\_\_

## **EMPLOYMENT AND VOLUNTEER EXPERIENCE**

Are you employed now? Yes ☐ No ☐ May we contact your present employer? Yes ☐ No ☐

Do you have any pending applications with any other police, fire, or protective agency? Yes ☐ No ☐

If Yes, supply department name, date applied, and status: \_\_\_\_\_

Do you have any pending applications with any other employer? Yes ☐ No ☐

If Yes, give details: \_\_\_\_\_

Using a section for each position, describe in detail all work experience beginning with your most recent employment.

Job Title:	Supervisor:	Phone #:
Employer:	Address:	City, State, Zip:
Dates Employed (month/year) Begin:                      End:	Salary Begin: Salary End:	# Supervised by You:
Hours per Week: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/>		Reason for Leaving:
Special Skills:		
Job Duties (be specific):		

Job Title:	Supervisor:	Phone #:
Employer:	Address:	City, State, Zip:
Dates Employed (month/year) Begin:                      End:	Salary Begin: Salary End:	# Supervised by You:
Hours per Week: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/>		Reason for Leaving:
Special Skills:		
Job Duties (be specific):		

Job Title:	Supervisor:	Phone #:
Employer:	Address:	City, State, Zip:
Dates Employed (month/year) Begin:                      End:	Salary Begin: Salary End:	# Supervised by You:
Hours per Week: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/>		Reason for Leaving:
Special Skills:		
Job Duties (be specific):		

**\*\* PHOTOCOPY THIS PAGE IF ADDITIONAL PAGES ARE NEEDED \*\***

Fenwick Island  
Police Department



Fenwick Island  
Delaware

I, \_\_\_\_\_, hereby authorize a review and disclosure of all records, or any part thereof, relating to me to an authorized agent of the Fenwick Island Police Department, whether the records are of a public, private, or confidential nature, and even if the information released is derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of deposit, withdrawals, and balances of checking and savings accounts, and loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records (including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports, and salary records); real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I emphasize the intent of this authorization is to provide full and free access to my personal life for the specific purpose of a background investigation to provide pertinent data for the Fenwick Island Police Department to determine my suitability for employment by the Department. It is my specific intent to provide access to personal information, or copies of information, however personal or confidential they may appear to be, as well as the sources of that information identified therein.

I understand any information obtained by a personal history background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Fenwick Island Police Department.

I agree to indemnify and hold harmless the person to whom this request is presented, and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonably attorneys' fees, arising from or complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release will be as valid as an original, even though the photocopy does not contain an original writing of my signature. \_\_\_\_\_ (please initial)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number Street City State Zip

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

WITNESS: \_\_\_\_\_





## **ATTENTION ALL APPLICANTS**

All applicants for full-time and seasonal employment must pass a drug-screening test before employment can occur.

# Fenwick Island Police Department

## Fenwick Island, Delaware

### EMPLOYMENT VERIFICATION

Name of Applicant: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have applied for a position with the Fenwick Island Police Department, and I ask information concerning my employment with your company be given to their investigators. This release authorizes you to provide any information for the purpose of my pre-employment investigation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*APPLICANT: DO NOT WRITE BELOW THIS LINE*

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employee Address While Employed: \_\_\_\_\_

Number

Street

City

State

Zip

Positions Held: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

Was the applicant considered a good worker?

Yes ☐

No ☐

Was the applicant's attendance satisfactory?

Yes ☐

No ☐

Did the applicant respect company property?

Yes ☐

No ☐

Did the applicant progress in his/her position?

Yes ☐

No ☐

Applicant's attitude toward fellow workers:

Poor ☐

Fair ☐

Good ☐

Applicant's attitude toward supervisors:

Poor ☐

Fair ☐

Good ☐

Would you consider the applicant eligible for rehire?

Yes ☐

No ☐

Would you recommend the applicant for a position with the Police Department?

Yes ☐

No ☐

Were there any disciplinary problems while employed? (If Yes, please explain)

Yes ☐

No ☐

Please detail any NO or POOR responses and/or any DISCIPLINARY PROBLEMS. Add any comments.

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fenwick Island  
Police Department



Fenwick Island  
Delaware

## PERSONAL IDENTIFICATION INFORMATION

This information is required to conduct your background investigation. ALL questions must be answered completely. Please print.

Name: \_\_\_\_\_  
Last First Middle Suffix Maiden

Address: \_\_\_\_\_  
Number Street Apt. No. City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month / Day / Year City State

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Feet Inches

Driver's License Information –

No.: \_\_\_\_\_ State: \_\_\_\_\_

Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE READ CAREFULLY BEFORE SIGNING AND DATING BELOW**

I hereby certify that the answers given by me to the previous questions in this application, and the statements made by me, are in full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts in this application or during the testing and selection process, may be cause for rejection of my application or discharge at any time during my employment.

Employment in the Fenwick Island Police Department is at the will of the employer. No offer of employment, benefit, or statement of work conditions, rules or regulations should be construed or otherwise interpreted as an implied contract for continuing employment.

I hereby authorize release of any information pertaining to potential employment as a Fenwick Island Police Officer and agree to hold harmless any individual, business, or association, who in good faith, provides information including but not limited to matters concerning employment, education, criminal activity, personality and character traits, financial matters, associations and relationships, and behavioral background. In the event that I receive a conditional offer of employment, the above statement shall also pertain to matters including medical and psychological factors.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_